



SUSANA MARTINEZ  
Governor

JOHN A. SANCHEZ  
Lt. Governor

## NEW MEXICO ENVIRONMENT DEPARTMENT

Harold Runnels Building  
1190 South St. Francis Drive (87505)  
P.O. Box 5469, Santa Fe, NM 87502-5469  
Phone (505) 827-0187 Fax (505) 827-0160  
[www.env.nm.gov](http://www.env.nm.gov)



BUTCH TONGATE  
Cabinet Secretary

J. C. BORREGO  
Deputy Secretary

### **Certified Mail – Return Receipt Requested**

June 21, 2018

Ms. Maria Gilvarry  
Utilities Director  
905 12th St  
Las Vegas NM 87701

**Re: City of Las Vegas Water Treatment Plant; Minor Industrial; SIC 4941; NPDES  
Compliance Evaluation Inspection; NPDES # NM0030341; June 4, 2018**

Dear Ms.Gilvarry:

Enclosed please find a copy of the report and check list for the referenced inspection that the New Mexico Environment Department (NMED) conducted at your facility on behalf of the U.S. Environmental Protection Agency (USEPA). This inspection report will be sent to the USEPA in Dallas for their review. These inspections are used by USEPA to determine compliance with the National Pollutant Discharge Elimination System (NPDES) permitting program in accordance with requirements of the federal Clean Water Act.

Further explanations and problems noted during this inspection are discussed on the completed form and checklist of this inspection report. Introduction, treatment scheme, and problems noted during this inspection are discussed in the "Further Explanations" section of the inspection report.

You are encouraged to review the inspection report, required to correct any problems noted during the inspection, and advised to modify your operational and/or administrative procedures, as appropriate. If you have comments on or concerns with the basis for the findings in the NMED inspection report, please contact us (see the address below) in writing within 30 days from the date of this letter. Further, you are encouraged to notify in writing both the USEPA and NMED regarding modifications and compliance schedules at the addresses below:

NPDES Enforcement Coordinator  
Environmental Protection Agency, Region 6  
NPDES Enforcement Branch (6EN-WM)  
1445 Ross Avenue, Suite 1200  
Dallas, Texas 75202-2733

Program Manager  
New Mexico Environment Department  
Surface Water Quality Bureau (N2050)  
Point Source Regulation Section  
P.O. Box 5469  
Santa Fe, New Mexico 87502

**City of Las Vegas Water Treatment Plant, NPDES # NM0030341**

**June 21, 2018**

**Page 2 of 2**

David Long (Long.David@epa.gov) is USEPA Region 6's Acting NPDES Enforcement Coordinator at the above address. If you have any questions about this inspection report, please contact Jennifer Foote at (505)827-0596 or at Jennifer.Foote@state.nm.us.

Sincerely,

*/s/ Sarah Holcomb*

Sarah Holcomb  
Program Manager  
Point Source Regulation Section  
Surface Water Quality Bureau

cc: Carol Peters-Wagnon, USEPA (6EN-WM) by e-mail  
David Long, USEPA (6EN-WM) by e-mail  
Nancy Williams, USEPA (6EN-WC) by e-mail  
Amy Andrews, USEPA (6EN-WM) by e-mail  
David Esparza, USEPA (6EN-WM) by e-mail  
Brent Larsen, USEPA (6WQ-PP)  
Robert Italiano, NMED District II by e-mail  
Don Cole, City of Las Vegas by e-mail



Form Approved  
OMB No. 2040-0003  
Approval Expires 7-31-85

## NPDES Compliance Inspection Report

### Section A: National Data System Coding

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="N"/> <input type="text" value="M"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="1"/> 11 <input type="text" value="1"/> 12 <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="4"/> 17 <input type="text" value="C"/> 18 <input type="text" value="S"/> 19 <input type="text" value="S"/> 20 <input type="text" value="1"/>	Remarks				
<input type="text" value="M"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="O"/> <input type="text" value="R"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="D"/> <input type="text" value="U"/> <input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value="R"/> <input type="text" value="I"/> <input type="text" value="A"/> <input type="text" value="L"/>					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 69	70 <input type="text" value="3"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	74 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 75 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 80

### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Las Vegas Water Treatment Plant, 3390 Hot Springs Road (NM 65), Montezuma, San Miguel County, New Mexico. From I-25, take exit 343, turn left onto Grand Avenue (NM 85), turn left onto 329, turn left onto Hot Springs Road, and continue approximately 5 miles to facility entrance on southwest side of road.	Entry Time /Date 12:10 pm 6/4/18	Permit Effective Date 9/1/2017
	Exit Time/Date 1:00 pm 6/4/18	Permit Expiration Date 8/31/2022
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Don Cole/WTP Manager/505-429-9181/dcole@lasvegasm.gov		Other Facility Data
Name, Address of Responsible Official/Title/Phone and Fax Number Ms. Maria Gilvarry/Utilities Director/ 505-454-1401 ex: 3256 905 12 <sup>TH</sup> St, Las Vegas, NM 87701		LAT N. 35° 39' 07" LONG W. -105° 16' 31"  SIC 4941
Contacted Yes <input type="text" value=""/> No <input checked="" type="text" value="x"/>		

### Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

M	Permit	U	Flow Measurement	M	Operations & Maintenance	N	CSO/SSO
S	Records/Reports	U	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	N	Laboratory	N	Storm Water	N	Other:

### Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

See attached sheets for further details.

Name(s) and Signature(s) of Inspector(s) Jennifer Foote /s/ Jennifer Foote	Agency/Office/Telephone/Fax NMED/SWQB 505-827-0596	Date 6/20/18
Signature of Management QA Reviewer Sarah Holcomb, Program Manager /s/ Sarah Holcomb	Agency/Office/Phone and Fax Numbers NMED/SWQB 505-827-2798	Date 6/20/18

FACILITY NAME    Las Vegas WTP	DATE 6/4/18	PERMIT NO. NM0030341
--------------------------------	-------------	----------------------

<b>SECTION A - PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS DETAILS:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>YES</u> )
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
4. ALL DISCHARGES ARE PERMITTED	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
<b>SECTION B - RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. DETAILS: <b>In July 2015, EPA sent 308 information request for DMRs not submitted 2012-2015. DMRs (no discharge) are now being submitted.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>NO</u> )
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs. <b>Emergency discharge has not occurred.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA
a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
b) NAME OF INDIVIDUAL PERFORMING SAMPLING	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
c) ANALYTICAL METHODS AND TECHNIQUES.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
d) RESULTS OF ANALYSES AND CALIBRATIONS.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
e) DATES AND TIMES OF ANALYSES.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
f) NAME OF PERSON(S) PERFORMING ANALYSES.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
<b>SECTION C - OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. DETAILS:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>YES</u> )
1. TREATMENT UNITS PROPERLY OPERATED.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
2. TREATMENT UNITS PROPERLY MAINTAINED.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
5. ALL NEEDED TREATMENT UNITS IN SERVICE.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA

FACILITY NAME    Las Vegas WTP	DATE 6/4/18	PERMIT NO. NM0030341
--------------------------------	-------------	----------------------

<b>SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)</b>	
9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR? IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
10. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT? IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
<b>SECTION D - SELF-MONITORING</b>	
PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. <span style="float: right;"><input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>Yes</u>.)</span> DETAILS: Location for taking samples has not been established.	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
6. SAMPLE COLLECTION PROCEDURES ADEQUATE	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
a) SAMPLES REFRIGERATED DURING COMPOSITING.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
b) PROPER PRESERVATION TECHNIQUES USED.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136.3.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
<b>SECTION E - FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. <span style="float: right;"><input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>Yes</u>.)</span> DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. TYPE OF DEVICE <u>none</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
4. CALIBRATION FREQUENCY ADEQUATE. (DATE OF LAST CALIBRATION _____) RECORDS MAINTAINED OF CALIBRATION PROCEDURES. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
6. HEAD MEASURED AT PROPER LOCATION.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
<b>SECTION F – LABORATORY</b>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. <span style="float: right;"><input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>No</u>.)</span> DETAILS: Facility is not prepared to collect samples.	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES)	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA

FACILITY NAME Las Vegas WTP

DATE 6/4/18

PERMIT NO. NM0030341

**SECTION F - LABORATORY (CONT'D)**2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED ☐ Y ☐ N ☒ NA3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. ☐ S ☐ M ☐ U ☒ NA4. QUALITY CONTROL PROCEDURES ADEQUATE. ☐ S ☐ M ☐ U ☒ NA5. DUPLICATE SAMPLES ARE ANALYZED. \_\_\_ % OF THE TIME. ☐ Y ☐ N ☒ NA6. SPIKED SAMPLES ARE ANALYZED. \_\_\_ % OF THE TIME. ☐ Y ☐ N ☒ NA7. COMMERCIAL LABORATORY USED. ☐ Y ☐ N ☒ NA

LAB NAME

LAB ADDRESS

PARAMETERS PERFORMED

**SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS.** ☐ S ☐ M ☐ U ☒ NA (FURTHER EXPLANATION ATTACHED NO ).

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	n/a	n/a	n/a	n/a	n/a	n/a	No discharge

RECEIVING WATER OBSERVATIONS

**SECTION H - SLUDGE DISPOSAL**SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. ☐ S ☐ M ☐ U ☒ NA (FURTHER EXPLANATION ATTACHED NO ).  
DETAILS: Sludge is discharged to the sanitary sewer sytem.1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY. ☐ S ☐ M ☐ U ☒ NA2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503. ☐ S ☐ M ☐ U ☒ NA

3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: \_\_\_\_\_ (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)

**SECTION I - SAMPLING INSPECTION PROCEDURES** (FURTHER EXPLANATION ATTACHED NO ).1. SAMPLES OBTAINED THIS INSPECTION. ☐ Y ☐ N ☒ NA2. TYPE OF SAMPLE OBTAINED  
GRAB \_\_\_\_\_ COMPOSITE SAMPLE \_\_\_\_\_ METHOD \_\_\_\_\_ FREQUENCY \_\_\_\_\_3. SAMPLES PRESERVED. ☐ Y ☐ N ☒ NA4. FLOW PROPORTIONED SAMPLES OBTAINED. ☐ Y ☐ N ☒ NA5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE. ☐ Y ☐ N ☒ NA6. SAMPLE REPRESENTATIVE OF VOLUME AND MATURE OF DISCHARGE. ☐ Y ☐ N ☒ NA7. SAMPLE SPLIT WITH PERMITTEE. ☐ Y ☐ N ☒ NA8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED. ☐ Y ☐ N ☒ NA9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT. ☐ Y ☐ N ☒ NA

**Compliance Evaluation Inspection  
City of Las Vegas Water Treatment Plant  
NPDES Permit No. NM0030341  
Inspection Date: June 4, 2018  
Further Explanations**

**INTRODUCTION:**

On June 4, 2018, Jennifer Foote of the New Mexico Environment Department (NMED), Surface Water Quality Bureau (SWQB) conducted a Compliance Evaluation Inspection at the City of Las Vegas Water Treatment Plant at 3390 Hot Springs Boulevard, New Mexico State Highway (NM) 65, in Montezuma, San Miguel County, New Mexico. The Las Vegas WTP has a design flow capacity of 5 MGD (million gallons per day) with an effluent design flow of 0.033 MGD and is classified as a minor municipal discharger under the federal Clean Water Act, Section 402, of the National Pollutant Discharge Elimination System (NPDES) permit program. It is assigned NPDES permit number NM0030341. This permit regulates the WTP's "emergency" discharge to an unnamed arroyo and thence to the Gallinas River below the diversion for the Las Vegas municipal reservoir in Segment 20.6.4.220 of the Pecos River Basin according to the State of New Mexico Standards for Interstate and Intrastate Surface Waters, 20.6.4 New Mexico Administrative Code (NMAC). This segment includes the designated uses of irrigation, livestock watering, wildlife habitat, marginal coldwater aquatic life and primary contact.

The NMED performs a certain number of CEIs for the U.S. Environmental Protection Agency (USEPA), Region VI, under the NPDES permit program, in accordance with the Federal Clean Water Act. USEPA uses these inspections to determine compliance with the NPDES permit program. This inspection report is based on information provided by the permittee's representatives, observations made by the NMED inspector, electronic DMRs, and records and reports kept by the permittee and/or NMED.

**INSPECTION DETAILS:**

After arriving at the facility, the inspector conducted an entrance interview with Mr. Don Cole, WTP Manager, where she presented credentials and explained the purpose of the inspection. They toured the facility and an exit interview was conducted with Mr. Cole to present the preliminary findings of the inspection.

**TREATMENT SCHEME:**

The City of Las Vegas WTP treats surface water diverted from the Gallinas River or groundwater as a backup source. The drinking water treatment process includes disinfection, coagulation, flocculation, sedimentation, and filtration.

Backwash from the filtration filter is sent to the backwash recovery basin to allow solids to settle. Floor drains in the various buildings also discharge to the waste lagoon. The top volume of water is sent back to the inlet feed for recycling and the settled waste is pumped to the concrete-lined waste storage lagoon. The concrete-lined storage lagoon is aerated to further degrade solids and keep the system from going septic. The lagoon is discharged to the Las Vegas Waste Water Treatment Plant (WWTP) via the sewer system. Some changes have been made at the plant, and piping is no longer connected to the 4" Neptune Tru Flow Meter and the emergency overflow at the drainage to the west of the facility.

If the approximately 420,000 gallon lagoon were to overflow, an automated alarm will trigger when the lagoon reaches 2 feet below the overflow. The lagoon could then overflow to an unlined storage depression next to the waste lagoon. If the overflow basin were to overflow, it would discharge via three small pipes to an adjacent earthen drainage ditch and thence to the Gallinas River. There is no method to measure flows.

The WTP operates 24/7. On weekends an operator does a walkthrough of the plant and is on call. Major treatment operations for the WTP have an alarm system and automatic call system for high and low levels, power

loss and equipment failures. The pumps are not alarmed, but a high level alarm exists at the lagoon. The WTP has a standby generator on site.

There has not been an emergency discharge at the facility and discharge flow has not been recorded since 2009.

**SLUDGE:** Sludge is discharged to the WWTP via the sewer system.

#### **OBSERVATIONS:**

##### **Section A – Permit – Overall Rating of “Marginal”.**

*The permit states, in Part I:*

*“the discharge is located on that water at the following coordinates: Outfall 001: Latitude 35° 39' 0711 North and Longitude 105° 16' 31" West”*

##### **Findings for Permit:**

- On Google Earth, the GPS location as described in the permit for Outfall 001 is located incorrectly across the road(photo 1). The WTP facility used to discharge on the northwest side to a roadside ditch, changes have been made to the facility and the current emergency overflow location is now located on the east side of the facility. A specified location to obtain samples has not been established.

##### **Section C – Operations and Maintenance – Overall Rating of “Marginal”.**

The permit requires in Part III Section B.3:

*“The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by permittee as efficiently as possible and in a manner which will minimize upsets and discharges of excessive pollutants and will achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. “*

##### **Findings for Operations and Maintenance:**

- The facility has a defective brine tank that is leaking salts to the ground and is exposed to stormwater. The leak has not been contained or cleaned up.
- There are no laboratory or quality assurance procedures established to measure flow or to take samples of an emergency discharge.

##### **Section D – Self Monitoring – Overall Rating of “Unsatisfactory”.**

The permit requires in Part I Final Effluent Limits footnote \*3”

*“In the case of emergency discharge, the permittee shall collect a sample for evaluation of whole effluent toxicity.”*

The permit requires in Part II E Discharge Reporting:

*“The permittee is required to take a minimum of a one-time representative sample to be taken at the first discharge of emergency backwash discharge for analyses of constituents listed in Application Form 2-C, section V, Part A-C plus hardness.”*

The permit requires in Part III.C.5 Monitoring Procedures:

*“Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit or approved by the Regional Administrator. b. The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instruments at intervals frequent enough to insure accuracy of measurements and shall maintain appropriate records of such activities. c. An adequate analytical quality control program, including the analyses of sufficient standards, spikes, and duplicate samples to insure the accuracy of all required analytical results shall be maintained by the permittee or designated commercial laboratory. c. An adequate analytical quality control program, including the analyses of sufficient*



*standards, spikes and duplicate samples to insure the accuracy of all required analytical results shall be maintained by the permittee or designated commercial laboratory.”*

**Findings** for Self Monitoring:

- The Facility has failed to establish sampling and laboratory procedures. This is a repeat violation of the 2009, 2011, and 2012 inspections.

**Section E – Flow Measurement – Overall Rating of “Unsatisfactory”.**

The permit requires, in Part III, Section B.6. FLOW MEASUREMENTS:

*Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to ensure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated, and maintained to insure that the accuracy of the measurements is consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than 10% from true discharge rates throughout the range of expected discharge volumes.*

**Findings** for Flow Measurement:

- There is no method to measure flow of an emergency discharge.

NMED/SWQB Official Photograph Log Photo # 1		
Photographer: Google Earth	Date: 6/25/14	Time: unknown
City/County: San Miguel County		State: New Mexico
Location: Las Vegas Water Treatment Plant		
Subject: aerial view of WTP, permit GPS, old flow path and current emergency outfall location		





NMED/SWQB Official Photograph Log Photo # 2		
Photographer: Jennifer Foote	Date: 6/4/18	Time: 12:25 pm
City/County: San Miguel County	State: New Mexico	
Location: Las Vegas Water Treatment Plant		
Subject: Overflow pond outfall location		

